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**APPLICANTS**

Nancy Cam-Winget, Mountain View, CA;  
 Tao-Fei Samuel Ng, Fremont, CA;  
 Kevin Hayes, Mountain View, CA;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
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Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	4	41	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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